

## **Excess Liability Trust Fund Claim Application Packet Instructions for Costs incurred on/after July 1, 2017**

This application should be filled out for any costs incurred on or after July 1, 2017. Resubmittals for earlier costs may also be included. Subsequent costs incurred prior to July 1, 2017 should be submitted on the previous version of the ELTF Claim Application (State Form [47139](#)).

Open the ELTF Claims Application – **State Form XXXX**. A new form should be used for each claim. Click on “Enable Editing” and then “Enable Content” to begin entering information.

### **Changes to the Application Tab**

*Eligible Party Information* has been added to the application to record the UST owner, UST operator, or property owner that has the right to reimbursement from ELTF pursuant to statute. If an eligible party is also the applicant, the eligible party and applicant fields would match. If the applicant is a consulting firm or other entity assigned the right to reimbursement, the eligible party is the UST owner, UST operator, or property owner that assigned those rights. ELTF is requiring contact information for the **eligible party** to be included in each claim application.

#### *Third Party Claims*

The Office of the Attorney General must approve any reimbursement from ELTF for a third party claim. When submitting a third party claim, it is only necessary to fill out page one and two of the application. Please note, the applicant must be registered with the Indiana Auditor of State. For further details, see IC 13-23-9-3 and 328 IAC 1-6-1.

#### *Phases Requested for Cost Evaluation*

In previous versions of the application, this section requested the most recent technical determination be identified. In this version, the applicant must identify all phases of work associated with the claim. It is imperative that all the relevant boxes are marked so the appropriate categories are populated in each pay request.

### **Changes on the Pay Request**

#### *Pay Request Structure*

Previously, an applicant would complete the pay request and include requested costs in the same order those costs appeared on the backup invoice. The new pay request format will contain the phases of work the applicant selected on page two of the application. Select the appropriate subcategories of phases on the right-hand side of the pay request as necessary based on the backup invoice. There will still be one invoice per pay request.

For example, if the pay request is for work performed during monitoring events and O & M, then both of those items would need to be marked for the appropriate options to populate in the pay request. Select the appropriate year from the dropdown box and then select the respective quarter of the sampling event. Record the personnel hours and other costs in the appropriate area of the pay request. For monitoring events and most phases of work, the costs are divided into the following segments: 1) *Planning*,

*Preparation, and Follow-up Costs (Office), 2) Field Costs, and 3) CAPR Report Writing Costs.* All monitoring costs, by event, should appear in one segment of the pay request. If multiple monitoring events are included on the same invoice, the costs need to be divided into the appropriate event. Please note, this form will only allow an applicant to request up to the maximum amount for personnel hours and other maximum amounts pursuant to 328 IAC 1-3-5 and Nonrule Policy Document [WASTE-0063-NPD](#). The length of a pay request will depend on the number of phases associated with the invoice. The limit of 15 subsequent pay requests per claim is unchanged.

In each phase of work, there is a line for “other” costs. This line item should only be used to request reimbursement for costs not included specifically in the phase. The applicant will need to combine multiple “other” costs, when necessary. **Do not alter the pay request to add lines.**

### **Application Tab**

Provide the requested information on the two pages of the Application tab in the Excel file in its entirety. The agency prefers not to receive social security numbers (SSN). If a SSN must be used, enter it in the SSN box and **not** the Tax ID box. All of the applicant’s information provided must exactly match the information on file with the Indiana Auditor of State relating to that specific SSN or Tax ID. If information does not match exactly, the claim will be administratively denied. Any other missing or incorrect information may result in a delay of costs being reviewed.

The applicant name is the eligible party or an entity with a valid Assignment of Rights. If applicable, a copy of the Assignment of Rights must be included with each claim. Signature of the eligible party is required unless there is a valid Power of Attorney authorizing signature on their behalf. A copy of this Power of Attorney must be included with each claim. Original signatures are required on page 2 of the Application.

### **Affidavit Tab (only necessary if using as proof of payment)**

The Affidavit must be included with the application if cancelled checks are not included as proof of payment. The Affidavit must be completed in its entirety and properly notarized. Original signatures are required.

### **Invoice Summary Tab**

Fill out the Invoice Summary to identify the individual invoices being submitted for reimbursement.

**Please do not change or alter invoice numbers for resubmittals.** The invoice number should be the same as when the costs were originally submitted.

Check the box on the far right for each invoice entered to activate the corresponding Excel worksheet (Pay Request) to be completed for the specific reimbursement request(s).

### **Subsequent and Resubmittal Pay Request Tabs**

Complete a separate Pay Request for each invoice. Subsequent pay requests will contain the phases of work checked and have an outline for cost submittal. Some of the cells may be blank, but all of the costs entered must follow the appropriate phase of work outline. **Do not alter this form in any way, including**

**deleting or adding lines.** Resubmittal pay requests should contain the invoice number, claim number, and amount previously denied. The reason for resubmittal and any additional backup documentation should be included with the claim.

**How to Organize a Claim Application** *(please submit documents in this order)*

- Application (Page 1 & 2 – with original signatures)
- Affidavit (with original signatures and properly notarized)
- Power of Attorney and/or Assignment of Rights (if applicable)
- Invoice Summary
- Most recent technical determination approval letter from IDEM Project Manager
- Bright colored sheet of paper (separator page)
- Claim Resubmittal (if applicable)
  - (1) Resubmittal Pay Request.
  - (2) IDEM Reimbursement letter with cost review summary specific to the denied costs being resubmitted.
  - (3) Attachments referenced on the resubmittal Pay Request (if applicable).
  - (4) Appropriate backup documentation to substantiate costs, as requested in the reason for denial.
  - (5) Bright colored sheet of paper (separator page between each pay request)
- Subsequent Submittal
  - (1) Pay Request in the same order as listed on the Invoice Summary for subsequent costs.
  - (2) Invoice and appropriate backup to substantiate costs.
  - (3) Bright colored sheet of paper (separator page).

**NOTE:** The most recent version of the ELTF Application Packet must be used for all forms.

**Mailing Instructions**

Please see page two (the signature page) of the application for mailing instructions.